## 2017 - 01 - 17 - 0M - 001M18M4

FEC FORM 3X

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## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2017 JAN 17 PM 2: 25

**FEC FORM 3X** 

Rev. 05/2016

				Office	Jse Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If to		12FE4M5	
LAMERICAN L	BA614151 101	G CUARITY	1,B,L,6, 10	RIGIAINIIZIA	17110145
ADDRESS (number and street)	7, 60000	C A E S 7   D R			
Check if different than previously					
reported. (ACC)	ORCHAR	n, PARK		NY 141	12.7]-
2. FEC IDENTIFICATION	NUMBER <b>V</b>	CITY A	s	TATE A	ZIP CODE A
C Ø Ø 5 4 3 4	5.4	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)	May 20 (M5)	Aug 20 (M8) Sep 20 (M9)	Year Only)
(a) Quarterly Reports:	and an area of	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10	Year Only)
April 15 Quarterly Report	(Q1) (c) 12-Day	Primary	(12P)	General (12G)	Runoff (12R)
July 15 Quartorly Report	(Q2) PRE-Ele Report fo		ion (12C)	Special (12S)	y land on the first state
October 15 Quarterly Report	: (Q3)			Y	in the
January 31 Year-End Report	*	Election on			State of
July 31 Mid-Yea Report (Non-elec Year Only) (MY)	POST-E		(30G)	Runoff (30R)	Special (30S)
Termination Rep (TER)	ort	Election on	] ' """ ' [		in the State of
5. Covering Period	m ' ag ' z	ROJ6 through	gh 12	31 82	16
I certify that I have examined	I this Report and to the	best of my knowledge a	and belief it is tru	e, correct and comp	ete.
Type or Print Name of Treasurer DAVID FOTBUSK I					
Signature of Tressurer		4//	<b>.</b>		
Signature of Treasurer	/ and	- oun		ate O.1	- a [40] [1
NOTE: Submission of false; er	roneous, or incomplete in	nformation may subject the	person signing th	is Report to the pena	Ities of 52 U.S.C. § 30109